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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/811,585	03/29/2004	Jeffrey A. Aaron	BELL-0340/00379 C1	2073
39072 7590 03/17/2008 MYERS BIGEL SIBLEY & SAJOVEC, P.A. EXAMINER				IINER
P.O. BOX 37428			PATEL, NIRAV B	
RALEIGH, NC 27627			ART UNIT	PAPER NUMBER
			2135	
			MAIL DATE	DELIVERY MODE
			03/17/2008	PAPER

Please find below and/or attached an Office communication concerning this application or proceeding.

The time period for reply, if any, is set in the attached communication.

Intonvious Summany	10/811,585	AARON ET AL.	
Interview Summary	Examiner	Art Unit	
	NIRAV PATEL	2135	
All participants (applicant, applicant's representative, PTO	personnel):		
(1) <u>Mr. Meeks Robert M</u> .	(3)		
(2) <u>Nirav Patel</u> .	(4)		
Date of Interview: 06 March 2008.			
Type: a)⊠ Telephonic b)□ Video Conference c)□ Personal [copy given to: 1)□ applicant 2	2) <mark> applicant's representative</mark>	e]	
Exhibit shown or demonstration conducted: d) Yes If Yes, brief description:	e) No.		
Claim(s) discussed: <u>45</u> .			
Identification of prior art discussed: <u>N/A</u> .			
Agreement with respect to the claims f) was reached. g	ı)⊠ was not reached. h)⊡ N	I/A.	
Substance of Interview including description of the general reached, or any other comments: <u>The interview was to disc</u>		if an agreement	was
(A fuller description, if necessary, and a copy of the amend allowable, if available, must be attached. Also, where no callowable is available, a summary thereof must be attached	opy of the amendments that w		
THE FORMAL WRITTEN REPLY TO THE LAST OFFICE A INTERVIEW. (See MPEP Section 713.04). If a reply to the GIVEN A NON-EXTENDABLE PERIOD OF THE LONGER INTERVIEW DATE, OR THE MAILING DATE OF THIS INTERVIEW DATE OF THE SUBSTANCE OF THE INTERQuirements on reverse side or on attached sheet.	last Office action has already OF ONE MONTH OR THIRTY ERVIEW SUMMARY FORM,	been filed, APP OAYS FROM T WHICHEVER IS	LICANT IS HIS
Examiner Note: You must sign this form unless it is an	/Nirav Patel/ Examiner's signature, if requi	red	
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Application No.

Applicant(s)